NATIVE AMERICAN
RESEARCH AND TRAINING CENTER

Monograph Series

A REVIEW OF TREATMENT STRATEGIES FOR NATIVE AMERICAN ALCOHOLICS: THE NEED FOR A CULTURAL PERSPECTIVE

by

Robert S. Young, Ph.D.

THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA

A REVIEW OF TREATMENT STRATEGIES FOR NATIVE AMERICAN ALCOHOLICS: THE NEED FOR A CULTURAL PERSPECTIVE

by

Robert S. Young, Ph.D.

Supported by U.S. Department of Education, Grant #G0083094

ALCOHOLISM AND THE NATIVE AMERICAN: A REVIEW OF CURRENT TREATMENT STRATEGIES

Dr. R. S. Young

Alcohol abuse and its effects account annually for approximately 30% of the Indian mortality rate. The high incidence of alcoholism among Native Americans has been attributed to acculturation stress, peer pressure, and the "dream quest"; this latter cause has not been adequately understood because of its culturally specific nature. Therefore, a need exists for training programs that emphasize the traditional Indian medical treatment strategies combined with those intervention strategies in western medical models that have proven to be effective with Indian clients. Most rehabilitation programs are based on behavioral models or the model developed by Alcoholics Anonymous (A.A.}; however, these models have been adapted to the needs of specific tribal groups with only limited success. Training programs for peer counselors are conducted by supervisors of local programs. Regional or national programs for training paraprofessionals in both the western and traditional models are essentially nonexistent.

ALCOHOLISM AND THE NATIVE AMERICAN:

A REVIEW OF CURRENT TREATMENT STRATEGIES:

During the 196Ø's and 197Ø's, the Federal government appropriated huge sums of money through NIAAA for establishing Native American alcohol rehabilitation programs that utilized innovative intervention and treatment strategies. Because of the lack of published data concerning the merits of these various intervention strategies (due in part to lack of appropriate assessment tools), funding for establishing new programs employing new strategies has been virtually nonexistent since 198Ø. Instead, alcoholism research is currently focusing on (1) the biomedical and physiological nature of the addiction to alcohol, and (2) prevention programs. Unfortunately, understanding the biochemistry of alcohol addiction will not result in a quick cure,and prevention programs do not help those who are currently suffering the ravages of alcoholism. In spite of these funding priorities, new and innovative treatment strategies must be implemented and evaluated if the problem of alcoholism is to be solved.

This literature review was undertaken as part of a project to develop an innovative alcohol rehabilitation training program that instructs Native American paraprofessionals in the techniques of traditional Indian healing. The impetus for this project was twofold: (1) statistics indicate that alcoholism continues to be a straggering problem for Native Americans, resulting in social and psychological disruption that threatens

the very existence of Native American culture, and (2) that the techniques of traditional Indian healing might provide the most effective treatment strategy for this critical situation.

Experts concur on the need for increased Native America input and administration of these alcoholism rehabilitation programs because of the culturally specific causes of Native American alcohol consumption. Furthermore, the relative ineffectiveness of Western treatment strategies and the preference of the Indian client for programs that include Native American healing techniques justifies an alternative treatment strategy combining the essential elements of both Native American and Euro-American medical models. However, the Euro-American health care deliverer is ill-equipped by training and cultural background to teach or to prescribe appropriate Native American spiritual concepts and healing strategies. Furthermore, most Native American paraprofessionals lack knowledge of their tribal traditions and healing techniques. This project has been developed, therefore, to provide appropriate training for Native American paraprofessionals and Euro-American health care deliverers, who can then adapt these healing strategies to specific tribal and individual client needs.

This literature review provides the history of the problem and of the changing role of the Native American peer counselor. The review is divided into five sections: (1) Incidence of Alcohol Abuse, morbidity, and mortality; (2) Causes of Alcoholism among Native Americans; (3) Treatment Programs; (4) Peer Counselor Training Programs; and (5) Conclusions and Recommendations. This final category was in part a result of the

author's confrontation with the overwhelming magnitude of the problem and is an attempt to summarize briefly a number of the major problems discussed in this review.

A.) Prevalence of Alcohol Abuse, Morbidity, and Mortality.

Reliable data defining the incidence of alcohol abuse among the 28Ø North American Indian tribes is difficult to obtain because tribal councils are reticent about allowing publication of data that may reflect poorly on the status of their people. Furthermore, available statistics are frequently unreliable for intertribal and cross cultural comparisons because standard definitions of alcoholism, and of "heavy," "moderate," and "light" drinking may vary among investigators. Interestingly, because of the problems of defining alcohol addiction and the lack of statistics, a number of investigators in the late 197Ø's raised the question of whether alcohol addiction was indeed a significant problem among Native American peoples (Leland, 1976; Levy and Kurnitz, 1981; May, 1982).

1.) Incidence and Prevalence

Alcoholism is one of the most critical health probelms facing Native Americans today (IHS, 1986). The Indian Health Services (IHS) estimates that 95% of the Native American population is affected by alcoholism either personally or through the family network (IHS, 1985). Approximately 8Ø-85% of Native American males and 35%-55% of Native American females regularly

use or have used alcohol (Mail and McDonald, 1980). In a study of alcoholism among an urban Indian population, Guyette (1982) notes that 45% of the subjects reported one or more members of their nuclear family deceased from alcohol related causes.

Incidence of alcohol abuse among Native Americans has been systematically studied in only a few tribes because many tribes are located in remote, geographically isolated regions (May, 1982). In general, the proportion of alcohol abuse reported among the Pueblos, the eastern Oklahoman tribes, and the Navajos is lower than that reported for the general population (May, 1982). Surveys within specific tribes report alcohol use by approximately 30-42% of Navajo (Levy and Kurnitz, 1974), 80% of the Ute of Igacio, Colorado (Jessor et al, 1968), 84% of the Objibwa on the Brokenhead Reserve in Canada (Longclaws et al., 1980), 69% of the Standing Rock Sioux (Whittacker, 1972), and 70-80% of the White Mountain Apache (Jorgensen, 1985). According to Jorgensen (1985), alcohol abuse directly or indirectly accounts for 92% of all hospital admissions for the White Mountain Apaches. Studies of urban Indian drinking behavior report heavier drinking among urban Indians than rural Indians (Beltrame and McQueen, 1979; Weibel-Orlando et al, 1982). Weibel-Orlando et al (1982) report in a study that twice the number of urban Indians are heavy drinkers as compared to reservation Indians.

Of particular concern to health officials is the increase in alcoholism and substance abuse among Native American children on the reservation. Royce (1981) has concluded that heavy drinking among teenage Indians is the primary reason one in two Indian students drop out of high school. Drinking among Native American

youth, grades 7-12, appears to be slightly higher than the national average for the same group, ranging from 56% to 89% among Native American youth compared with an average of 53% to 73% for all youth (May, 1982). As expected, the incidence of substance abuse among children varies intertribally. Heavy use of alcohol (defined differently in each study) among youth appears to vary from 2% in five southwestern tribes studied by Oetting et al. (1980) to 46% on the Wind River Reservation in Wyoming (Cockerham, 1977). The BIA office in Aberdeen, S.D., reports during one recent year that 103 of 840 Native Americans arrested for drunkenness were under the age of 10 (Sullivan, 1985). Cases of cirrhosis of the liver (alcohol related) in children less than 10 years of age have been reported among the White Mountain Apache (McClain, 1985).

Thomas (1981) notes that another consequence of alcohol abuse by Native Americans is alcohol-related child abuse, resulting in some states in 1 out of 5 Native American children being placed in foster homes. Thomas (1981) also suggests that unwanted children often turn to drinking as a reaction to an unwanted childhood.

2.) Morbidity and Mortality

Four of the leading causes of death among Native Americans - chronic liver disease and cirrhosis, suicide, homicide, and accidents - are alcohol related (IHS, 1984,1985). The leading cause of death among Indians is attributed to accidental causes, which accounts for 21% of all deaths among Indians. IHS

estimates that 75% of these deaths are alcohol related (IHS, 1985). According to the IHS, deaths attributed directly to alcoholism, alcoholic psychosis, and cirrhosis with mention of alcohol were 5.5 times greater for Native Americans than for the general population, all races (IHS, 1984). In 1980, the incidence of cirrhosis (85% alcohol related) in Native Americans, age 25-34, was 14.5 times that of non-Native Americans (Jilek, 1981). This incidence of cirrhosis varies from tribe to tribe because of differences in alcohol consumption. Levy and Kurnitz (1974) have reported an incidence of 104 cases per 100,000 population per year among the Hopi (who have a high incidence of alcohol abuse) compared to 13.2 cases per year for the Navajo and 19.9 per year for the general population.

An increase in cirrhosis has been reported among Native American women, corresponding to an increase in alcohol consumption in this group. Johnson (1980) reports that the incidence of cirrhosis per 100,000 population is six times that of Caucasian women, and the death rate from cirrhosis in Native American women ages 15-35, is 36 times that for the general population. Levy and Kurnitz (1981) report that among the Navajo, women appear to be at greater risk for addiction to alcohol than men and that a higher proportion of Navajo women than men die from alcohol associated cirrhosis.

Debate continues in the literature about the influence of alcohol on the high suicide and homicide rates among Native Americans. Levy and Kurnitz (1981) point to the inherent problems in trying to causally relate alcohol consumption to suicide and

homicide. Nevertheless, some investigators estimate that alcohol directly or indirectly is a factor in 46%-80% of Native American suicides (Frederick, 1973; Baker, 1977; American Indian Policy Review Commission (AIPRC), 1977), 90% of all homicides (Jilek, 1981) and 38% of battered child cases (AIPRC, 1977). Alcohol is a factor in 50%-65% of motor vehicle deaths involving Native Americans, which per 100,000 population is 4.4 times that of the general population (May, 1982).

Approximately 70-80% of all off-reservation arrests are alcohol related. Annual crime statistics for the year 1984 show arrests of Native American for liquor violations at 3.3 times that of the general population and arrests for drunkenness at 3.4 times that of the general population (Uniform Crime Reports, 1984).*

B.) **Causes of Alcoholism Among Native Americans**

Royce (1981) notes that over forty-two theories subsumed under categories such as psychological, social, biological, and cultural have been offered as explanations for the high incidence of alcoholism among Native Americans. Some of the more specific causes of drinking behavior among Native Americans that have been suggested include modeling of drinking behavior by early non-Indian trappers, (MacAndrew and Edgerton, 1969), defiance of prohibition of Federal Indian Liquor laws, governmental paternalism, lack of drinking norms, and biological

*These rates are not adjusted for age.

vulnerability (Royce, 1981; Shore and von Fumetti, 1972). Certainly there are as many causes for alcoholism among Native Americans as there are alcoholics, and the tendency to attribute alcoholism to a single external or environmental cause is at best a desperate measure by the social scientist to deal with an overwhelming problem.

The following analysis of the causes for drinking behavior among Native Americans are divided into three categories: (1) cross cultural and acculturation stresses, (2) peer pressure, and (3) drinking as an alternative reality. The reader is forwarned that this classification does not account for individual differences, but serves only as a introduction to some of the factors that have been suggested as contributing to alcoholism among Native Americans.

Cross Cultural and Acculturation Stress

A number of investigators have defined drinking behavior in terms of a cross cultural conflict between Western cultural norms and Native American customs and traditions (Mail, 1980; Thomas, 1981; May, 1977; May, 1982; Schaefer, 1981). The consequences of this cross-cultural conflict include anomie, cultural disruption, social disintegration, poor self-image, poverty, a sense of powerlessness, and exploitation by the dominant Western culture (May, 1977; Jilek, 1981; Royce, 1981). According to Mail (1980) and Jones-Saumty et al. (1983), the conflict in values and traditions in addition to the lack of tolerance to cultural differences by the WASP (Mail, 1980), make it difficult, if not impossible, for the Native American to be bicultural in Western

Western society. The problem of acculturation is further exacerbated for the Native American who acts "white"; this individual is seen by his peers as rejecting his cultural heritage and, therefore, is faced with the threat of alienation from those closest to him, i.e., his family and his tribe. According to Burns et al (1973), the urban Native American alcohol abuser is chronically unemployed, lacks job skills, can't find meaningful or satisfactory employment, and resides with relatives or friends who live in similar economic circumstances. Porter et al. (1977) attributes drinking among these Indian males largely to the sense of powerlessness experienced as a result of social and economic deprivation brought on by problems of acculturation. Jones-Saumty et al. (1983) attributes drinking among Indians to acculturation stress coupled with an alcoholic environment.

The problem of cultural identity and its impact on drinking behavior has been analyzed tribally by Stratton et al (1978), who observe that those Native Americans having fewer problems with alcohol generally come from strong tribal organizations emphasizing common values that include social norms regulating or prohibiting alcohol consumption. Conversely, tribes characterized by strong hunting traditions, less tribal organization, and greater emphasis on individual efforts to communicate with the supernatural, suffer a higher incidence of alcohol abuse. Thomas (1981) has observed that much of the alcohol abuse observed on specific reservations can be attributed to the "lack of the necessary sacred social controls."

The problem of evaluating acculturation and cross cultural stress is made patently clear in field studies undertaken at the Standing Rock Sioux Reservation. Whittaker (1963;1972) and Maynard (1969) attributed drinking among the Sioux to acculturation stress stemming from hostility to Western culture, repressed aggression, and poor living conditions, while Kuttner and Lorincz (1967) and Hurt and Brown (1965) attributed the high incidence of alcohol abuse to a combination of peer pressure and the breakdown of cultural customs that would prohibit excess intoxication. Certainly both factors - the breakdown of tribal structure combined with peer pressure that supports an alternative basis (alcohol) for group solidarity - contribute to alcohol abuse among Native Americans.

B-2) Peer Pressure

Pedigo (1983) observes that for Native Americans in general, community and group responsibility rather than individuality form the "normative base" of their culture. A number of authorities have thus interpreted Indian drinking patterns as a means of establishing social cohesion; interestingly, the solitary, or "anxiety" drinker (May, 1982), is excluded from the community for being an "alcoholic" (Topper, 1980).

For the Native American, family comes first and serves as a role model. Among Papagos, for example, drinking among children is frequently observed and is approved of by the Papago family because food and drink serve as mediators in establishing relationships of trust and kinship (Waddell, 1975). Topper

(1980) reports that drinking by Navajo youngsters in "a culturally appropriate manner" is approved of by the elders. Children are introduced to drinking at sings or at ceremonies and are taught that drinking is something to be shared with relatives and friends (Topper, 1980).

Drinking as a public function and as the basis for social cohesion has been described specifically for the Papagos (Waddell, 1980; Escalante, 1980), Apaches (Everett, 1980), and the Navajo (Levy & Kurnitz, 1974, Topper, 1980), although the phenomena is pervasive throughout Native American culture. Governed by peer pressure, this drinking behavior serves the goal of social cohesion and interaction, and provides feelings of power (Stephens and Agar, 1979; Waddell, 1975; Waddell, 1980). Lurie (1971) and Leland (1980) suggest that peer drinking behavior "validates Indianness" and thus implicitly represents a symbolic resistance to Euro-American culture. Thomas (1980) emphasizes in his study of community drinking behavior that for the individual Native American, social life can be intimidating because Indians "are a little fearful of each other except in very structured circumstances." Drinking lowers inhibitions and imparts "power" in an otherwise egalitarian system that enables the drinker to express resentments openly and to be self-assertive and reckless (Waddell, 1975; Thomas, 1980). Topper (1980) observes that for teenage Navajo boys, drinking reinforces the image of maleness and reaffirms the individuals membership and solidarity with the group.

A number of investigators who have studied group drinking habits among Native Americans stress that the failure to drink or

rejection of an offer to drink is tantamount to rejecting the generosity of one's peers and to place in jeopardy one's standing within the community (Albaugh and Albaugh, 1979). Waddell (1980) provides several examples of urban drinking behavior among Papagos and the exclusion from the community that ensued when an individual rejected the offer of a drink. In a discussion about rehabilitation strategies to counter peer drinking behavior, Pedigo (1983) suggests a holistic therapeutic intervention strategy in which drinking is no longer viewed as a positive element in the social bonding and a factor that enhances cultural values.

Group drinking among Native Americans results in one specific drinking behavior that is distinctly different although not unique to Native Americans, namely "binge" or "recreational" drinking (Mail, 1980; May, 1982). This drinking behavior is characterized by bouts of alcohol consumption in very large quantities over a short period of time, punctuated by long periods of abstinence between bouts. To convince a binge drinker that he or she is an alcoholic or a problem drinker is extremely difficult.

B-3) Drinking as an Alternative Realty

The daily life experiences of Native Americans and their perceptions of reality are inextricably bound up with their spiritual and religious beliefs (Locust, 1986). That alcoholism produces an emotional state that the Native American interprets as an alternative state of reality with religious implications

has been noted by many observers; however, because this phenomenon is poorly understood, most researchers avoid discussing it.

Alcohol as the source of a state of altered consciousness that has religious significance has been mentioned briefly by Collins (1974) and Waddell (1980). Levy and Kurnitz (1974) have discussed the predisposition to validate the mind altering effects of alcohol in those tribes that place a positive value on magical power. Stratton et al (1978) attribute drinking in the Cheyenne - Arapahoe area of Western Oklahoma to Indians from loose tribal organizations with religious traditions "emphasizing individual efforts to communicate with the supernatural." In a recent study of alcoholism among Native Americans, Lex (1985) responded by noting that this interpretation does not account for differences between those conditions experienced from use of exogenous agents and those attained by "physiological manipulations." However, among Native Americans drinkers only those with Ph.D.'s in psychology would be likely to find such distinctions relevant.

For many Native American drinkers, alcohol facilitates shamanistic dream or trance experiences (Price 1975), and for this reason, may mitigate tribal regulation of drinking behavior (Westermeyer, 1981; May, 1977). Drinking provides feelings of "power" (Stephens and Agar, 1983; Waddell, 1975). In this context, the word "power" for Native American is more than simply assertiveness or courage, but has profound religious meanings. Thomas (1981) notes that for Native American, extreme drunkenness

results in the state of consciousness in the vision quest just before one receives a vision.

That the altered state of reality produced by consuming alcohol is highly significant to the Native American is reinforced by the most effective treatment intervention strategies utilized for Native Americans, i.e., those which emphasize a spiritual awareness of self as a means to overcome chronic addiction (Everett, 1980; Guyette, 1982; Miller, 1978; Price, 1975; Wamberg et al, 1978). Everett (1980) points out that the majority of alcoholism programs based exclusively on the Western model fail to account for the "meanings" - especially as applied to the "spiritual" - of alcohol consumption for Native Americans.

C.) Treatment Programs for Alcoholics

During the 1960's and 1970's, the NIAAA funded numerous innovative treatment programs in a well-intentioned effort to grapple with the critical problem of alcoholism among Native American peoples. Unfortunately, very little data assessing the efficacy of the various intervention strategies employed in these programs has been published; consequently, at a time when alcoholism is still a major problem among both reservation and urban Indians, the Federal government (NIAAA) is loath to fund new alcohol rehabilitation programs.

The ideal rehabilitation program would seem to be a combination of the Western medical model and traditional Indian healing. In a study of an urban Indian population, Guyette

(1982) reports that 76% of the treatment population preferred a combination of Native American healing practices and Western treatment strategies; 10% preferred exclusively a Native American treatment strategy. Unfortunately, non-Native American treatment counselors are ill-equipped and unqualified to understand the Native American healing strategies, in part because these strategies are not written down or systematized. To compensate for this educational lack, alcohol programs are frequently "grounded" in the culture of the local tribe by employing as paraprofessionals, Indians who are ex-alcoholics (Everett, 1980).

Despite the number of programs that have been funded, very little information as been published about what constitutes a successful treatment strategy. Based on available information, that such a program includes (1) a spiritual component that the client is responsive to, and (2) a concern for Native American culture and values that also emphasizes development of self-esteem. These two components, which are obviously connected, would be ideally presented in the context of a treatment model that combines both Western and Native American healing strategies. Everett warns, however, that programs combining Native American and non-Native American concepts and values often tend to stress "forms," but not "meanings" of Native American cultures in relation to alcoholism models. Thus, although the individual client is viewed in the context of being "Indian," the client's personal values as well as inter-and intratribal differences are ignored (Everett, 1986).

In general, the European-American medical and psychosocial rehabilitation models that have been most widely used in treating

Native American alcoholics are (1) a "spiritual" approach based on alcoholics anonymous and (2) a behavioral modification approach in which disulfram (antabuse) is prescribed (Ferguson, 1970; Savard, 1969). The authors of one recent study noted that recovering Navajo alcoholics for whom antabuse has been prescribed will cease ingesting the drug prior to important social occasions that necessitate drinking behavior as a sign of group identification (Levy and Kurnitz, 1981).

Of the different group and strategies that have been tried, that of Alcoholics Anonymous (A.A.) has proven moderately successful in isolated instances. Shore and von Fumetti (1972) have described three programs (Jicarilla Apache Alcoholism project in New Mexico, the Nevada ITC program, and the Ute Tribe Alcoholism Information and Counseling Program in Utah) that utilized the A.A. approach with appropriate modifications to account for tribal and cultural differences. In general, however, the primary difficulty with using the A.A. approach in treating Native Americans illustrates graphically the differences between Native American culture and Western culture. Counseling recovering Native American alcoholics in the A.A. approach is particularly difficult because of the reticence of the Native American client to express feelings during a counseling session or to "confess" intimate feelings or behavior in a group meeting session. One exception in which the A.A. confessional approach was adaptable to a specific cultural context is the treatment program for the Salish Indians described by Jilek-Aall (1981). Apparently confession-like public speeches are a part of Salish

culture and are viewed positively as a self-healing techniques.

Secondly, traditional Indians believe that illness is a "choice" the individual makes either directly or implicitly through that individual's interaction with the environment (Locust, 1986). Thus, traditional Indian medicine does not recognize "addiction" as a medical reality. Thus for an Indian to admit to "addiction" is tantamount to denying the fundamental spiritual beliefs of Native American culture (Locust, 1986).

Successful application of a modified A.A. approach can probably be attributed in part to its emphasis on the role of a higher spiritual power to whom the alcoholic must surrender for help and guidance. Thus programs employing a spiritual approach based on the Native American Church have also proven quite successful although they are viewed askance by non-Indians because of the use of peyote in some N.A.C. rituals (Albaugh and Anderson, 1974; Stephens and Agar, 1979; Everett, 1980).

In addition to a focus on spiritually, those programs that are successful are ethnically oriented and emphasize self-esteem through pride in the client's cultural heritage. Weismar (1984) observes that traditionalism and concerns for Indian culture in conjunction with upward mobility (economic) and spirituality are associated with reduced drinking. Fergusson (1974) has noted that those recovering alcoholics with a "stake in society" (Honigmann and Honigmann, 1970), whether in Native American society, Western society, or both, are the clients most likely to benefit from treatment.

The use of the Western model is justified by the Native American belief that alcohol is a white man's unwellness and

thus must be treated in part with white man's medicine. The use of Indian peer counselors is essential because Western health care practitioners lack the knowledge of Indian healing strategies. Unfortunately, most Native American peer counselors also lack knowledge of the healing strategies employed by their medicine people. That this problem has become a critical one has been acknowledged by the Navajo who in 1969 established a school at Window Rock, Arizona, for training traditional healers (Bergman, 1973; Mason et al, 1982).

D.) **Peer Counseling Training Programs**

The lack of response from the Native American client to the anglo counselor and the Western treatment models has resulted in a call for Native American peer counselors (Wamberg, Lewis, and Foster, 1978; Price, 1975) and an integration of a "native healing system" with the Western model (Miller, 1978). In general, these peer counselors, or paraprofessionals, are of Native American extraction, have tribal affiliation, and are usually former alcoholics. Their function has been to act as an intermediary between the client and health care official, and to provide an outreach counseling service for patients during crisis situations. In general, these paraprofessionals lack knowledge about their tribal traditions and healing techniques.

Surprisingly, there have been only a few programs with formalized curricula for training these Native American paraprofessionals. Such programs that do exist focus on instructing students in the Western medical model because the

trainers are unqualified to instruct Native Americans about their own traditional healing systems. Tamminem et al (1980) have described a program sponsored by the Chippewa tribe through the University of Minnesota in Duluth called "The Indian Counselor Chemical Training Project." This training program comprised a full academic year and included instruction in the Western medical model, coursework in Native American history and culture, and field training. Programs of shorter duration have also been sponsored by the University of Utah School of Social Work, the University of California at Santa Cruz, the University of New Mexico, and the University of Oklahoma (Jorgensen, 1985; Everett, 1980).

Training of Native American paraprofessionals for reservation alcohol rehabilitation programs is usually accomplished by the supervisor of the particular alcohol rehabilitation program in which the counselor is to be employed. In an urban treatment program implemented in Baltimore, Indian counselors were trained locally at Johns Hopkins Hospital (Locklear, 1977). Native American counselors for the White Mountain Apache Rehabilitation program were trained either by the supervisor or sent to the V.A. hospital in San Diego for a two week orientation (Jorgensen, 1986). In all the above examples, training was in the Western medical model and based largely on the A.A. approach.

E.) Conclusions and Recommendations

1.) Statistics available concerning the incidence of alcohol abuse and alcohol related accidents and illnesses among Native Americans are at best as approximations because tribal councils balk at allowing collection of data and publication of results that may reflect poorly on the status of their peoples. Availability of data is essential in order to understand the magnitude of the problem, to define its causes, and to suggest the most appropriate intervention strategies.

As part of this data collection process, standard definitions of "alcoholism," and of "heavy," "moderate," and "light" drinking must be established. In past analysis, authors have tended to select from among several definitions of these terms, thus confounding efforts at comparative analysis.

2.) One of the most sensitive issues in the field today is evaluation of the effectiveness of alcohol rehabilitations programs. Because of the enormity of the problem of alcoholism among Native Americans, it is of the highest priority that these programs be evaluated so that researchers can determine those intervention strategies most effective in treating alcoholism. The reticence to publish data regarding individual programs has in the past been motivated by a fear of termination of funding. The consequences of this attitude are that the government is now loath to fund new alcoholic rehabilitation programs at a time when they are most needed.

Tools for evaluating programs must be designed that can assess the merits of existing programs in order to determine the intervention strategies most effective in the treatment of recovering Native American alcoholics.

3.) The demand for peer counselors in alcohol treatment programs has been justified as a treatment strategy for two reasons: (1) Native American clients can relate more easily to a Native American counselor than to an anglo counselor, and (2) Native Americans are familiar with Indian healing systems; anglo counselors are not. This second justification is based on the largely false assumption by the Euro-American community that because a person is Indian, he or she therefore must have knowledge of Native American culture and traditions. In part as a result of Federal government policies that have caused the gradual disruption and disintegration of Native American culture, most Native Americans lack knowledge about their cultural heritage and the spiritual beliefs that are the basis of their healing system.

Because 86% of recovering Native American alcoholics prefer a treatment strategy that includes the Indian system of healing, it is imperative that a training program be implemented for paraprofessionals that would provide the appropriate background and education in Native American traditions and healing strategies. At present, programs for training these counselors are nonexistent.

REFERENCES

Albaugh, B. and Albaugh, P. (1979). "Alcoholism and Substance Sniffing Among the Cheyenne and Arapahoe Indians of Oklahoma." International Journal of the Addiction, 14, 1001-1007.

Albaugh, B., and Anderson, P. (1974). "Peyote in Treatment of Alcoholism Among American Indians." American Journal Psychiatry, 131, 1247-1250.

American Indian Policy Review Commission, Report on Alcohol and Drug Abuse (Washington, D.C.: U.S. Govt. Pr. Office, 1977). (hereafter cited as AIPRC)

Baker, J.K. (1977). "Alcoholism and the American Indian," in Alcoholism: Development, Consequences and Interventions. St. Louis: Mosby.

Beltrame, T., and McQueen, D.V. (1979). "Urban and Rural Indian Drinking Patterns: The Special Case of the Lumbrec, Int. Journal of Addiction, 14, 533-48.

Bergman, R. (1973). "A School of Medicine Men." Amer. Journal of Psychiatry, 130, 663-666.

Burns, Marcelline, Dailey, John, and Moskowitz, Herbert. (1973). The Urban Indian and Alcohol Abuse, ED - 138-878.

Cockerham, J.M. (1974). Valley of the Spirits: The Upper Skagit Indians of Western Washington. Seattle: University of Washington Pr.

Everett, Michael W. (1980a). "Drinking as a Measure of Proper Behavior: The White Mountain Apaches," in Drinking Behavior Among Southwestern Indians, ed. J.O. Waddell and M.W. Everett. Tucson, AZ: University of Arizona Pr.

Everett, Michael W. (1980b). "General Introduction," in Drinking Behavior Among Southwestern Indians, ed. J.O. Waddell and Michael W. Everett, Tucson, Az: University of Arizona Pr.

Ferguson, Frances N. (1970). "A Treatment Program for Navajo Alcoholics: Results After Four Years." Quarterly Journal of Studies on Alcohol,31, 898-919.

Ferguson, Frances N. (1972). "Stake Theory as an Explanatory Device in Navajo Alcoholism Treatment Response. Human Organization, 35, 65-78.

Frederick, C.J. (1973). Suicide, Homicide, and Alcoholism Among American Indians. Rockville, MD: National Institute of Mental Health. DHEW Pub No. 73-9124/G.

French, Laurence A. and Jim Hornbuckle. (1980). "Alcoholism Among Native Americans." Social Work, 25, 275-280.

Guyette, Susan. (1978). "Suggestions for Priority Alcohol and Drug Abuse Research: A Comment on the Recommendations of Task Force Eleven of the American Indian Policy Review Commission." New Directions in Federal Indian Policy. Los Angeles: American Indian Studies Center, UCLA.

Guyette, Susan. (1982). "Selected Characteristics of American Indian Substance Abuseness." The International Journal of the Addiction, 17, 1001-1014.

Hurt, Wesley R., and Brown, Richard M. (1965). "Social Drinking Patterns of the Yankton Sioux." Human Organization, 24, 222-230.

Hurlburt, Graham and Eldon Gade. (1984). "Personality Differences Between Native American and Caucasian Women Alcoholics: Implications for Alcoholism Counseling." White Cloud Journal, 3, 35-39.

Indian Health Service "Chart Series" Tables. (1984). Rockville, MD., Indian Health Service.

Indian Health Service: A Comprehensive Health Care Program for American Indians and Alaska Natives. (1985). Rockville, Md: U.S. Dept. of Health and Human Services.

Jessor, G., Stauss, J., Hanson, R., and Jessor, S. (1968). Society, Personality and Deviant Behavior: A Study of Tri-Ethnic Community. New York: Holt, Rinehart, and Winston.

Jilek, Wolfgang G. (1981). "Anomic Depression, Alcoholism and a Culture Congenial Indian Response." Journal of Studies Alcohol, 9, 159-170.

Jilek-Aall, Louise. (1981). "Acculturation, Alcoholism and Indian-Style Alcoholics Anonymous." Journal of Studies on Alcohol, 9, 143-158.

Johnson, S. (1980). Cirrhosis Mortality Among American Indian Women: Rates and Rations, 1975 and 1976, in Currents in Alcoholism, ed. M. Galanter. New York: Grume & Stratton, Inc.

Jones-Saunty, Deborah, Hochhaus, Larry, Dru, Ralph, and Zeiner, Arthur. (1983). "Psychological Factors of Familiar Alcoholism in American Indians and Caucasians." Journal of Clinical Psychology, 39, 783-790.

Jorgensen, Donald. (1985a). "Counselor Helps Apaches Overcome Alcoholism and Related Problems." Psychiatric News, (June 7, 1985), pp. 6, 11.

Jorgensen, Donald. (1985b). Personal Communication. Donald Jorgensen established the Alcoholism Rehabilitation program for the White Mountain Apache tribe. Mr. Jorgensen currently serves the program in an advisory capacity.

Kuttner, Robert E., and Lorinz, Albert B. (1967). "Alcoholism and Addiction in Urbanized Sioux Indians." Mental Hygiene, 51, 530-542.

Leland, Joy. (1976). Fivewater Myths: North American Indian Drinking and Alcohol Addiction. New Brunswick: Rutgers University Center of Alcohol Studies. Monograph #11.

Leland, Joy. (1980). "Native American Alcohol Use: A Review of the Literature." in Tulapi to Tokay: A Bibliography of Alcohol Use and Abuse Among Native Americans of North American, ed. P.D. Mail and D. R. McDonald, New Haven: HRAF Press.

Levy, J.E., and Kurnitz, S.L. (1974). Indian Drinking: Navajo Practices and Anglo-American Theories. New York: Wiley-Interscience.

Levy, Jerrold E. and Kurnitz, Stephen J. (1981). "Economic and Political Factors Inhibiting the Use of Basic Research Findings in Indian Alcoholism Programs." Journal of Studies in Alcohol, 9, 60-72.

Lex, Barbara W. (1985). "Alcohol Problems in Special Populations," in The Diagnosis and Treatment of Alcoholism, ed. J.H. Mendelson and Nancy K. Mello. New York: McGraw Hill Book Co.

Locklear, Herbert H. (1977). "American Indian Alcohlism: Program for Treatment." Social Work, 3, 202-206.

Locust, Carol. (1986). "American Indian Perceptions of Unwellness." Monograph: NARTC. Tucson, Az.

Longclaws, L., Barnes, G., Grieve, L. and Dumoff, R. (1980). "Alcohol and Drug Abuse Among the Brokenhead Ojibway." Journal of Studies on Alcohol, 41, 21-36.

Lurie, Nancy O. (1971). "The World's Oldest On-Going Protest Demonstration: North American Drinking Patterns." Pacific Historical Review, 40, 311-332.

MacAndrew, Craig, and Edgerton, Robert. (1969). Drunken Comportment: A Social Explanation. Chicago: Aldine.

McClain, Carla. (1985). "Bottled Death Stalks Families on Reservation." Tucson Citizen. June 24, 1985.

Mail, Patricia D. (1980). "American Indian Drinking Behavior: Some Possible Causes and Solutions. Journal of Alcohol and Drug Education, 26, 28-39.

Mason, J.C., Hansen, Thomas C., and Putnam, Julia. (1982). "Paraprofessional Training of Indian and Alaska Native Mental Health Workers." White Cloud Journal, 2, 3-8.

May, P.A. (1977). "Explanations of Native American Drinking: A Literature Review." Plains Anthropologist, 22, 223-232.

May, P.A. (1982). "Substance Abuse and American Indians: Prevalence and Susceptibility." International Journal of Addictions, 17, 1185-1209.

Maynard, E. (1969). "Drinking as Part of an Adjustment Syndrome." Pine Ridge Research Bulletin, 9, 35-51.

Miller, S., Helmick, E.F., McClure, W.T. (1978). "Adolescent Alcoholism: A Relationship to other Mental Health Problems." in Currents in Alcoholism, ed. F.A. Seixas, pp. 77-85.

Oetting, E.R., Edwards, R., Goldstein, G.S., and Garcia-Mason, V. (1980). "Drug Use Among Adolescents of Five Southwestern Native American Tribes." International Journal of the Addictions, 15, 439-445.

Pedigo, J. (1983). "Finding the 'Meaning' of Native American substance abuse: Implications for Community Prevention." The Personal and Guidance Journal, 61, 273-77.

Price, John A. (1975). "An Applied Analysis of North American Indian Drinking Patterns." Human Organization, 34, 17-26.

Royce, J.E. (1981). Alcohol Problems and Alcoholism. New York: Free Press.

Savard, R. J. (1968). "Effects of Disulfran Therapy in Relationships Within the Navajo Drinking Group." Quarterly Journal of Studies on Alcohol, 29, 909-916.

Schaefer, J.M. (1981). "Firewater Myths Revisited: Review of Findings and Some New Directions." Journal of Studies on Alcohol, suppl. 9, 99-117.

Stratton, R., Zeiner, A., and Paredes, A. (1977). "Tribal Affiliation and Prevalence of Alcohol Problems." Journal of Studies on Alcohol, 39, 1166-1177.

Shore, James H., and Von Fumetti, Billee. (1972). "Three Alcohol Programs for American Indians." American Journal of Psychiatry, 128, 134-138.

Stephens, Richard C. and Agar, Michael H. (1979). "Red Tape-White Tape: Federal-Indian Funding Relationships." Human Organization, 38, 283-293.

Sullivan, Mark (1985). "Combatting Indian Drug Abuse." Arizona Daily Star, Oct. 25, 1985.

Tamminen, Armas W., Smaby, Marlone H., Powless, Robert E., and Gum, Moy F. (1980). "Preparing Native American Counselors for the Chemically Dependent Native American." Counselor Education and Supervision, 310-317.

Thomas, Robert K. (1981). "The History of North American Indian Alcohol Use as a Community-Based Phenomenon." Journal of Studies on Alcohol, suppl. 9, 29-39.

Topper, Martin D. (1980). "Drinking as an Expression of Status: Navajo Male Adolescents." in Drinking Behavior Among Southwestern Indians, ed. J.O. Waddell and Michael W. Everett. Tucson, AZ: University of Arizona Pr.

Trimble, Joseph E. (1984). "Drug Abuse Prevention Research Needs Among American Indian and Alaskan Natives." White Cloud Journal, 3, 22-34.

Uniform Crime Reports for the United States for the Year 1984. Washington, DC: U.S. Department of Justice, 1984.

Walker, R. Dale (1981). "Treatment Strategies in an Urban Indian Alcoholism Program." Journal of Studies on Alcohol, suppl. 9, 171-184.

Waddell, Jack O. (1975). "For Individual Power and Social Credit: The Use of Alcohol Among Tucson Papagos." Human Organization, 34, 9-15.

Waddell, Jack O. (1980). "Drinking as a Means of Articulating Social and Cultural Values: Papagos in an Urban Setting." in Drinking Behavior Among Southwestern Indians, ed. J.O. Waddell and Michael W. Everett, Tucson, AZ: University of Arizona Pr.

Wamberg, K.W., Lewis, R., and Foster, F.M. (1978). "Alcoholism and Ethnicity: A Comparative Study of Alcohol Use Patterns Across Ethnic Groups," International Journal of Addictions, 13, 1245-62.

Weibel-Orlando, J.C., Long, J., and Weisner, T.S. (1982). A Comparison of Urban and Rural Indian Drinking Patterns in California. Alcohol Research Center, UCLA Neuropsychiatric Institute, Los Angeles, CA.

Weisner, Thomas S., Weibel-Orlando, Joan Crofut, and Long, John. (1984). "`Serious Drinking,' `White Man's Drinking,' and `Teetotaling': Drinking Levels and Styles in an Urban American Indian Population." Journal of Studies on Alcohol, 45, 237-250.

Westermeyer, J. (1981). "Research on Treatment of Drinking Problems: Importance of Cultural Factors." Journal of Studies on Alcohol, suppl. 9, 44-59.

Whittaker, James O. (1963). "Alcohol and the Standing Rock Sioux Tribe. II. Psychodynamic and Cultural Factors in Drinking." Quarterly Journal of Studies on Alcohol, 24, 80-90.

Whittaker, J.O. (1972). "Alcohol and the Standing Rock Sioux Tribes." Quarterly Journal of Studies on Alcohol, 23, 468-72.